

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

FLORIN GAIDICI, M.D.

Holder of License No. 29891
For the Practice of Allopathic Medicine
In the State of Arizona

Case No. MD-08-1330A

**CONSENT AGREEMENT FOR
LETTER OF REPRIMAND**

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Florin Gaidici, M.D. ("Respondent"), the parties agree to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver,

1 express or implied, of the Board's statutory authority or jurisdiction regarding any other
2 pending or future investigation, action or proceeding. The acceptance of this Consent
3 Agreement does not preclude any other agency, subdivision or officer of this State from
4 instituting other civil or criminal proceedings with respect to the conduct that is the subject
5 of this Consent Agreement.

6 6. All admissions made by Respondent are solely for final disposition of this
7 matter and any subsequent related administrative proceedings or civil litigation involving
8 the Board and Respondent. Therefore, said admissions by Respondent are not intended
9 or made for any other use, such as in the context of another state or federal government
10 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
11 any other state or federal court.

12 7. Upon signing this agreement, and returning this document (or a copy thereof) to
13 the Board's Executive Director, Respondent may not revoke the acceptance of the
14 Consent Agreement. Respondent may not make any modifications to the document. Any
15 modifications to this original document are ineffective and void unless mutually approved
16 by the parties.

17 8. If the Board does not adopt this Consent Agreement, Respondent will not
18 assert as a defense that the Board's consideration of this Consent Agreement constitutes
19 bias, prejudice, prejudgment or other similar defense.

20 9. This Consent Agreement, once approved and signed, is a public record that will
21 be publicly disseminated as a formal action of the Board and will be reported to the
22 National Practitioner Data Bank and to the Arizona Medical Board's website.

23 10. If any part of the Consent Agreement is later declared void or otherwise
24 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force
25 and effect.

11. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("violating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.


FLORIN GAIDICI, M.D.

DATED: 8/7/09

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 29891 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-08-1330A after receiving notification of a malpractice settlement involving Respondent's care and treatment of a sixty-one year-old female patient ("MH").

4. On July 23, 2004, MH presented to Respondent with complaints of reflux symptoms. Respondent recommended an esophagogastroduodenoscopy (EGD), Protonix and anti-reflux measures. On August 20, 2004, MH presented to Respondent reported no reflux symptoms, but complained of right upper quadrant pain when she ate greasy foods. Respondent referred to a transcutaneous ultrasound performed on June 1, 2004 that showed a well distended gallbladder without stones, a mildly dilated common bile duct 8.9mm that had no obvious cause for dilation, and a fatty liver. MH had normal liver enzymes and her EGD was normal. Respondent wrote that MH had sphincter of Oddi dysfunction, which was the cause of her right upper quadrant pain and recommended an Endoscopic retrograde cholangiopancreatography (ERCP) and sphincterotomy.

1 5. On September 20, 2004, Respondent attempted an ERCP and after several
2 failed attempts to cannulate the common bile duct, he was able to obtain what turned out
3 to be an incomplete image of the common bile duct and terminated the procedure. MH
4 was discharged, but presented later that day with post-ERCP pancreatitis and was
5 admitted to the hospital. MH developed severe pancreatitis with pancreatic necrosis and
6 was transferred to another facility for intensive care. On October 24, 2004, MH was
7 discharged, but developed a large pancreatic pseudocyst.

8 6. On November 15, 2004, MH had an endoscopic ultrasound (EUS) that
9 showed a development of a large multiloculated pseudocyst. On January 10, 2005, MH
10 was admitted to the hospital with worsening abdominal pain that was ultimately felt to be
11 related to leakage from the pseudocyst. MH later died from sepsis and multiorgan failure.

12 7. In response to the Board's investigation, Respondent stated that ERCP was
13 not his first choice and that he would have preferred or recommended to MH additional
14 testing prior to considering this more invasive test; however, MH was concerned about the
15 expense of medical testing and that she was interested in using the fewest tests as
16 possible. However, there was no documentation of these discussions in MH's medical
17 record.

18 8. The standard of care for evaluation of a patient presenting with right upper
19 quadrant pain, normal liver enzymes and possible common bile duct obstruction requires a
20 physician to confirm the bile duct abnormality seen on transcutaneous ultrasound with
21 either Magnetic resonance cholangiopancreatography (MRCP) or EUS prior to considering
22 the more risky and invasive ERCP.

23 9. Respondent deviated from the standard of care because he did not confirm
24 the bile duct abnormality seen on transcutaneous ultrasound with either MRCP or EUS
25 prior to considering an ERCP.

10. The attempted unsuccessful and unnecessary ERCP performed by Respondent led to acute severe pancreatitis, an enlarging pancreatic pseudocyst and ultimately to sepsis, multiorgan failure and MH's death.

11. A physician is required to maintain adequate legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because he did not document discussions he had with MH regarding additional testing he considered prior to a more invasive procedure and MH's concern of using the fewest tests as possible.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401 (27)(e) (“[f]ailing or refusing to maintain adequate records on a patient.”) and A.R.S. § 32-1401(27)(q) (“[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.”).

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

2. This Order is the final disposition of case number MD-08-1330A.

DATED AND EFFECTIVE this 7TH day of OCTOBER, 2009.



ARIZONA MEDICAL BOARD

By 
Lisa S. Wynn
Executive Director

ORIGINAL of the foregoing filed
this 7 day of October, 2009 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed
this 7 day of October, 2009 to:

Florin Gaidici, M.D.
Address of Record


Arizona Medical Board Staff